18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

19. Discrepancy Indication Space

Printed/Typed Name

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Month

Month

Dav

Day Year

Year

DO NOT WRITE BELOW THIS LINE.

Signature

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CASE